

CLAIMS ONLY								Application Number		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16	/						66				
17		/					67				
18		/					68				
19		/					69				
20	/						70				
21		/					71				
22		/					72				
23		/					73				
24	/						74				
25							75				
26							76				
27							77				
28							78				
29							79	/			
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38		/					88				
39		/					89				
40		/					90				
41							91				
42		/					92				
43							93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48	/						98				
49		/					99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				